

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ••Yes ••No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ••Yes ••No
- C. If your answer to "B" is Yes:
1. What steps did you take? Put in grievances and talk to Lt's
and wrote the warden several times
 2. What was the result? now heard anything back
- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Dr. Derogier
- Employed as Director at H.R. 4, I
- Mailing address with zip code: PO Box 9561 Wilton DE 19809

- (2) Name of second defendant: _____
- Employed as _____ at _____
- Mailing address with zip code: _____

- (3) Name of third defendant: _____
- Employed as _____ at _____
- Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. When I enter on the pod, the officer on duty called down to medical to see if Bottom bunk pass was valid, Dr Ducasier told her that I could either sleep on the floor or the bottom bunk.
2. At this time my ball bladder was inflamed and I couldn't get up or down, and this was already documented at the time, I had already had problems before, I stated I couldn't get up and down from floor
3. The specialist whom did my operation, prescribed tylenol 3 and percocets, but I wasn't give the medication and given Percoset instead.
- But Dr Ducasier also refused to give me my arthritis medication as well and would only give me tylenol for pain, although Doctor Hendon had prescribed naproxen for me.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I want one hundred thousands dollars for damages

2. _____

3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this Thursday day of 7 2006, 2_____.

Shirley Heller

(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREHarry T Collins

Plaintiff

V.

Doctor Derosier

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

I, Harry T Collins declare that I am the (check appropriate box)

• • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • Yes • No (If "No" go to Question 2)If "YES" state the place of your incarceration 8, VOPInmate Identification Number (Required): 156625Are you employed at the institution? no Do you receive any payment from the institution? _____Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes • • No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	• • Yes	• • No
b. Rent payments, interest or dividends	• • Yes	• • No
c. Pensions, annuities or life insurance payments	• • Yes	• • No
d. Disability or workers compensation payments	• • Yes	• • No
e. Gifts or inheritances	• • Yes	• • No
f. Any other sources	• • Yes	• • No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

7-7-06

DATE



SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
INMATE REQUEST FOR CERTIFIED TRUST FUND
ACCOUNT STATEMENT OF PRIOR SIX-MONTH PERIOD

TO: Mrs. Tonya Smith
Support Services Manager
Delaware Correctional Center
Smyrna, Delaware 19977

DATE: _____, _____

FROM:

Inmate Name (Please Print Name)

SBI #

--- I HEREBY CERTIFY ---

Pursuant to the Prison Litigation Reform Act, 28 U.S.C. 1915 (a)(2),
Effective April 26, 1996, I am requesting a certified Statement of my Institution Trust
Fund Account for the previous six-month period. Please forward same to me.

Signature

(28 U.S.C. 1746 and 18 U.S.C. 1621)